UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/1996/26
5 August 1996

ORIGINAL: English

Third regular session 1996
9 - 13 September 1996, New York
Item 12 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND

REQUEST FOR ADDITIONAL RESOURCES AND REDISTRIBUTION OF APPROVED RESOURCES FOR THE UNFPA THIRD COUNTRY PROGRAMME FOR ETHIOPIA

Report of the Executive Director

I. BACKGROUND

1. UNFPA requests that the funding approval authority for the programme of assistance for Ethiopia be increased by $10.3 million. The Fund is requesting approval of an additional $8 million from regular resources, to the extent such resources are available, and $2.3 million from multi-bilateral resources to fund activities during the remaining two years of the programme, 1996-1997. The programme for 1993-1997 would thus total $29.3 million, comprising $19 million from UNFPA regular resources and $10.3 million from multi-bilateral resources. UNFPA also requests that the resources be redistributed among the programme areas as outlined in the attached table.

2. In June 1993 the Governing Council approved UNFPA's third programme of assistance for Ethiopia for five years (1993-1997) in the amount of $19 million, $11 million to come from UNFPA regular resources and $8 million from a combination of UNFPA and other resources, to the extent such additional resources became available. By the end of 1995 almost all of the $11 million approved from regular resources had been spent as well as $4 million in multi-bilateral resources contributed by the Government of Norway. The unexpectedly high expenditure rate was the result of the need to replenish contraceptive stockouts faced by Ethiopia in 1995 and to purchase contraceptives to meet unexpectedly high demands in the first part of 1996. The high demand of contraceptives is, in part, the result of successful advocacy efforts on the part of the Government and UNFPA.

/...

3. It is anticipated that it will be possible to obtain the full $6.3 million in multi-bilateral funding that would be authorized under the expanded programme. If so, total programme expenditures will average somewhat more than $7 million a year for 1996-1997, which the programme is expected to be able to absorb. This compares with average annual expenditures of $5 million during the first three years of the programme. The increased funding authority will assist the Government to expand access to and improve the quality of reproductive health care services throughout the country and to meet the unanticipated significant increase in contraceptive demand. The funding authority for certain programme areas was greater than what was required, and the Executive Board is also asked to approve the redistribution of these approved resources as outlined below.

4. These recommendations accord with those of the country programme mid-term review conducted in Addis Ababa, Ethiopia, in November 1995. The mid-term review found that the programme design continues to be relevant in terms of the objectives and the strategies, which focus on institution-building and human resources development. The programme has emphasized an integrated programmatic approach, in harmony with UNFPA's new core programme areas of assistance.

5. On 21 August 1995, the Transitional Government of Ethiopia transferred power to the Federal Democratic Republic of Ethiopia. The Transitional Government initiated, and the new Government is continuing, the process of decentralization by establishing a federal structure, with regional governments having legislative, executive, judicial and administrative powers. Thus, while the main thrust of the programme will continue to focus on institution-building and human resources development, these efforts will be primarily directed to augmenting regional capacities.

II. PROPOSED ACTIVITIES

6. The reproductive health, including family planning and sexual health, sector has concentrated on capacity building and institutional development. Reproductive health service delivery has been expanded and upgraded by increasing the availability, accessibility and quality of reproductive health services. From 1993 to 1995, the proportion of government hospitals offering reproductive health services increased from 86 to 95 per cent, of health centres from 93 to 95 per cent and of health stations from 51 to 70 per cent. Community-based distribution of contraceptives has been initiated in 400 communities. Teams of master trainers in reproductive health services were established; 2,908 health assistants and 1,522 nurses were trained as service providers; and 100 people from all regions attended programme management courses. The contraceptive method mix has been expanded to include injectables, NORPLANT[R] and voluntary sterilization. Safe Motherhood efforts have been promoted in collaboration with UNDP, UNICEF and WHO. Messages on preventing sexually transmitted diseases (STDs), including HIV/AIDS, have been included in all IEC activities, and two million condoms have been contributed annually to the national HIV/AIDS control programme.

7. In part because of these efforts, the contraceptive prevalence rate (CPR) has increased from 4.5 per cent to 9 per cent since 1993. It is expected that the goal of a 12 per cent CPR by 1997 will be achieved or even exceeded. Male involvement seems to have also improved as well: use of condoms has increased from 7 per cent of contraceptive users to 17 per cent.

8. By the end of the programme cycle, it is expected that at least 100 per cent of government hospitals and health centres and 80 per cent of health stations will provide reproductive health services. Training of service providers will continue: by 1997 at least 4,000 staff will have been trained and 2,000 personnel will have attended refresher courses. Specific attention will be given to provision of sensitive and accessible services to adolescents. Regional and sub-regional activities will be expanded, in close coordination with the UNDP and UNICEF programmes. Relationships with non-governmental organizations (NGOs) to promote reproductive health will be strengthened.

9. Reproductive health programme implementation, however, has been severely constrained by the lack of sufficient contraceptives to meet the unanticipated rapid increase in demand. Significant stockouts have been reported in various parts of the country. The situation has been aggravated by the weak logistics system. As government and NGO health facilities combined reach only 40 per cent of the population, outreach modalities for reproductive health service delivery must be further initiated and intensified. Programme management requires reinforcement.

10. UNFPA is requesting that the funding authority for reproductive health be increased by $11 million from $9 million to $20 million. In the absence of any other significant donor assistance for contraceptives, $8 million is being sought in order to meet 75 per cent of the country's anticipated contraceptive requirements for 1996 and 1997. This will give time for the Government, in cooperation with UNFPA, to devise a longer-term strategy for meeting the country's contraceptive needs. The balance of $3 million is essential to rehabilitate or construct at least 16 rural health clinics, construct 4 "waiting homes" for high-risk pregnancies, and construct 11 warehouses for storing contraceptives and reproductive health-related supplies and equipment and to provide reproductive health services equipment for 50 renovated health centres, 250 centres initiating reproductive health services as well as several hospitals and training institutions. In addition, a small amount would be provided to train service providers and strengthen supervisory support. It is requested that $700,000 be transferred from activities that were planned in the areas of data collection and gender, population and development, and that an additional amount of $10.3 million be approved.

11. Objectives in the area of data collection and analysis have largely been achieved: the 1994 population and housing census has been carried out and the data processed, and the results are being published. Of the $5 million approved by the Governing Council, only about $2.3 million will be required due to the significant financial contribution for census activities made by the Government. It is thus requested that the balance of $2.7 million be transferred to other areas.

12. Gender, population and development issues have been incorporated in the reproductive health, IEC and population policy sectors. Support has been continued for the Centre for Research, Training and Information for Women in Development, the main objective of which is to develop and institutionalize research capacities on population and gender issues. Proposals for joint donor funding are being developed to assist the Government to implement the policy and action plan on women in development. Of the $600,000 approved by the Governing Council, it is expected that only about $200,000 will be spent. It is thus requested that the balance of $400,000 be transferred to the reproductive health sector.

13. In the population policy formulation and implementation sector, many objectives have been achieved. The National Population Policy was adopted in 1993, and an Action Plan (1994-1999) has been drafted and is currently being reviewed to incorporate recommendations of the International Conference on Population and Development. Regional action plans are being formulated. Governmental institutions have been established at all levels to implement the new policy. A consortium of 23 NGOs on population has been organized. National capacities have been strengthened to conduct population research, design and manage population programmes, and increase awareness of population and development interrelationships. Much work remains to be done, however, in terms of strengthening human resources and institutional capabilities at the regional level in order to implement the new population policy, to manage population and development programmes and to integrate population into development plans. An additional $1.1 million is requested for these activities.

14. In the area of population dynamics, further support is needed to train and assist central and regional population officers in analysing and utilising the census data and in conducting population related sociocultural research. The Demographic Training and Research Centre of the University of Addis Ababa and the Population Analysis and Studies Centre of the National Statistics Office would be subcontracted to implement these efforts. It is requested that $500,000 be transferred to the population dynamics sector for these activities.

15. In the area of IEC, efforts are continuing to develop and implement a comprehensive strategy and integrated multisectoral and multi-media programmes to support and promote the goals of the new population policy. Curricula and guidelines for population and family life education continue to be improved, and by 1997 they are to be integrated into the entire formal educational curricula, including into the curricula of the three agricultural colleges. Population messages are being incorporated into rural extension services, which cover 80 per cent of the rural population. Notable achievements have been made in developing institutional capacities to create persuasive messages, implement media campaigns, and undertake activities to sensitize policy makers and opinion leaders. In addition to using traditional media, coverage of population issues through the mass media has expanded dramatically. Population IEC training has been provided for 376 artists and officials at all levels and for 200 women journalists. Further support will be required during 1996-1997 to continue

the present IEC and advocacy efforts to strengthen human resource capabilities and institutional capacities; and to intensify mass media IEC and advocacy activities. It is requested that $800,000 be transferred to the population IEC sector for these activities.

16. UNFPA proposes to increase its assistance to Ethiopia by $10.3 million, of which $8 million would be programmed from UNFPA regular resources and $2.3 would be sought from multi-bilateral resources. The Fund also proposes to redistribute programme resources as shown in the following table (in millions of $):

Sectors	Approved by Governing Council, 1993		Expenditures 1993-1995		Additional funds/redistribution* requested		Total 1993-1997
	Regular resources	*Multi-bi resources*	*Regular resources*	*Multi-bi resources*	*Regular resources*	*Multi-bi resources*	
Reproductive health/FP	6.0	3.0	6.0	4.0*	4.0	7.0	20.0
Information, education and communication	2.4	.5	1.7	-	1.3	(.5)	3.7
Data collection and analysis	1.0	4.0	1.8	-	1.0	(3.7)	2.3
Population policy formulation	.7	.2	.8	-	1.3	(.2)	2.0
Population dynamics	.4	.2	.2	-	.7	(.2)	1.1
Women, population and development	.5	.1	.1	-	(.3)	(.1)	.2
Multisectoral activities	-	-	.3	-	-	-	-
TOTAL	11.0	8.0	10.9	4.0	8.0	2.3	29.3

* *Amounts in parentheses represent requests for redistribution of resources to other sectors.*

III. RECOMMENDATION

17. The Executive Director recommends that the Executive Board approve the increased funding authority for the Ethiopia country programme by $10.3 million, of which $8 million would be programmed from UNFPA regular resources, subject to the availability of such resources, and $2.3 million would be sought from multi-bilateral resources. The Executive Director also recommends that the Executive Board approve the redistribution of funding by programme sector as outlined above.